

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6642
1205

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2129			
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		d. STREET ADDRESS (If rural, give location) 4916 A FOREST PARK BLVD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Johns Hospital				d. STREET ADDRESS (If rural, give location) 4916 A FOREST PARK BLVD			
3. NAME OF DECEASED (Type or Print) a. (First) DENNIS		b. (Middle) _____		c. (Last) REARDON		4. DATE OF DEATH (Month) (Day) (Year) FEB 3 - 1950	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH OCT. 3 - 1886	
9. AGE (In years last birthday) 63 YRS		10. UNDER 1 YEAR Months _____		10. UNDER 1 YEAR Days _____		10. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) IRELAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MICHAEL REARDON		13b. MOTHER'S MAIDEN NAME BRIDGET MULLEN		14. NAME OF HUSBAND OR WIFE MARY Warren Reardon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS Mrs Mary Reardon 4916 Forest PK. Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HH/3X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from July 1946 , to Feb 5, 1950 , that I last saw the deceased alive on Feb 5, 1950 , and that death occurred at 11:55 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. O. Locater		23b. ADDRESS E. J. Schur		23c. DATE SIGNED 2/6/50			
24a. BODILY REMOVAL (Specify) REMOVED		24b. DATE FEB. 7 - 50		24c. NAME OF CEMETERY OR CREMATORY PLATTSBURG		24d. LOCATION (City, town, or county) (State) MISSOURI	
DATE PREPARED BY LOCAL REG. FEB 1950		REGISTRAR'S SIGNATURE J. O. Locater		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schur 3125 Lafayette Ave			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Joseph B. Ollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.